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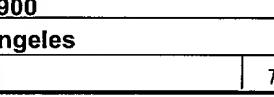
PTO/SB/50 (08-00)

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**REISSUE PATENT APPLICATION TRANSMITTAL**

Address to:		Attorney Docket No.	153501-0375	
Assistant Commissioner for Patents Box Reissue Washington, DC 20231		First Named Inventor	Dennis H. Weissert	
		Original Patent Number	5,915,841	
		Original Patent Issue Date (Month/Day/Year)	June 29, 1999	
		Express Mail Label No.	EL088714715US	
<b>APPLICATION FOR REISSUE OF:</b> <i>(Check applicable box)</i>		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).			
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)			
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format ( <i>amended, if appropriate</i> )	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) ( <i>if applicable</i> )			
4. <input checked="" type="checkbox"/> Drawing(s) ( <i>proposed amendments, if appropriate</i> )	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations			
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration ( <i>if applicable</i> )			
6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12. <input checked="" type="checkbox"/> Preliminary Amendment			
<i>(If Yes, check applicable box(es))</i>				
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>				
14. Other: <b>Request for Abstract of Title</b> ..... .....				
<b>15. CORRESPONDENCE ADDRESS</b>				
<input type="checkbox"/> Customer Number or Bar Code Label		<small>(Insert Customer No. or Attach bar code label here)</small>		
		or <input checked="" type="checkbox"/> Correspondence address below		
Name		IRELL & MANELLA LLP		
Address		1800 Avenue of the Stars Suite 900		
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NAME (Print/Type)		Paul Backofen		Registration No. (Attorney/Agent)
Signature				42,248

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
**153501-0375**

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) <b>18</b>	Total Claims (37 CFR 1.16(j))	(B) <b>18</b>	**** <b>0</b> =	x \$ <b>0</b> =		or	x \$ _____ =
(C) <b>3</b>	Independent claims (37 CFR 1.16(l))	(D) <b>3</b>	* <b>0</b> =	x \$ <b>0</b> =			x \$ _____ =
							\$ _____
Basic Fee (37 CFR 1.16(h))				\$ <b>355</b>		OR	
Total Filing Fee				\$ <b>355</b>		\$	

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ _____ =			
Total Additional Fee					OR		\$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. **09-0946** in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. **09-0946**.  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ **355** to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****June 29, 2001**

Date



Signature of Applicant, Attorney or Agent of Record

**Paul Backofen, Reg. No. 42,248**

Typed or printed name